

POSITION	INITIALS	NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>7/1/99</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>7/1/99</i>
FORMALITY REVIEW		<i>65703</i>	<i>7-23-99</i>

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - ..... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	6-20-01
2	✓	✓	6-20-01
3	✓	✓	6-20-01
4	✓	✓	6-20-01
5	✓	✓	6-20-01
6	✓	✓	6-20-01
7	✓	✓	6-20-01
8	✓	✓	6-20-01
9	✓	✓	6-20-01
10	✓	✓	6-20-01
11	✓	✓	6-20-01
12	✓	✓	6-20-01
13	✓	✓	6-20-01
14	✓	✓	6-20-01
15	✓	✓	6-20-01
16	✓	✓	6-20-01
17	✓	✓	6-20-01
18	✓	✓	6-20-01
19	✓	✓	6-20-01
20	✓	✓	6-20-01
21	✓	✓	6-20-01
22	✓	✓	6-20-01
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46	✓	✓	6-20-01
47	✓	✓	6-20-01
48	✓	✓	6-20-01
49	✓	✓	6-20-01
50	✓	✓	6-20-01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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